



Oregon Board of Massage Therapists

728 Hawthorne Ave. NE
Salem, OR 97301
(503) 365-8657 fax (503) 385-4465

Verification of Licensure

Name of Licensee

Business Address of Licensee

City, State, Zip

Licensure Status

Licensee's state license/certificate number _____ State _____

Type of License (title): Licensed Massage Therapist

Date of initial Licensure: _____ ; Current through _____ If expired, date of expiration _____

Licensed by:	___	Written Examination *	date passed: _____
	___	Practical Examination *	date passed: _____
	___	Reciprocity/Endorsement	from which state: _____
	___	National Certification	date certified: _____
	___	Other: _____	

** Please provide an outline of the exam content, time permitted for completing the exam and information about qualifying examiners*

Has this license ever lapsed? [] No [] Yes, when _____

Has the above named applicant had any disciplinary actions taken against them? Any current investigates?
[] No [] Yes, please explain _____

COMMENTS: _____

_____ [] More info on back

I acknowledge the above information is correct and current.

Signed _____

Title _____

Printed Name _____

Date _____

Affix State Seal Here